

FORT BLISS CLAIMS DIVISION
FURNITURE REPAIR FORM

Must be completed by the Furniture Repair Firm

1. REPAIR FIRM'S NAME & ADDRESS

CLAIMANT'S NAME

DATE: _____

2. Repair Firm's Telephone Number:

3. Name of Person Completing this Form: _____

(Print Name)

4. For each item examined, please describe (a) what the item is and what material it is made of, (b) the extent of the new damage, (c) if the item is repairable, what needs to be done to repair the new damage, (d) what portion of the repair account for any pre-existing damage, (e) if it is not repairable, state whether the item is still useful for its intended purpose, and (f) repair cost.

EXAMPLE: Dining room table: particle board, chipped on top and sides, gouge on legs. Repairable by filling and refinishing: 15% pre-existing scratches. \$45.00

Inv.#	ITEM	Type of Damage and Repair necessary % pre-existing	Amount
_____	_____	_____ _____ _____	\$ _____
_____	_____	_____ _____ _____	\$ _____
_____	_____	_____ _____ _____	\$ _____
_____	_____	_____ _____ _____	
_____	_____	_____ _____ _____	\$ _____

Cost for the estimate is \$_____. If your repair firm is provided the opportunity to repair the item(s), will you deduct your estimate from the total bill? _____ YES _____ NO _____ Free estimate

Continuation sheet for Furniture Repair Form: